



# City of Imperial Beach, California

ADMINISTRATIVE SERVICES DEPARTMENT

825 Imperial Beach Blvd., Imperial Beach, CA 91932 Tel: (619) 628-1423 Fax: (619) 424-3481  
www.ImperialBeachCA.gov

## Out of City Address Business License Application

FEES ARE NON-REFUNDABLE

**NOTE: ALL APPLICABLE QUESTIONS MUST BE ANSWERED OR APPLICATION WILL BE REJECTED**

☐ NEW BUSINESS ☐ CHANGE OF ADDRESS ☐ CHANGE OF OWNERSHIP  
☐ CHANGE OF BUSINESS NAME ☐ RENEWAL

1. Business Name: \_\_\_\_\_ Phone No. \_\_\_\_\_

2. Business Address: \_\_\_\_\_ Email: \_\_\_\_\_

3. Mailing Address: \_\_\_\_\_

4. Type of business: \_\_\_\_\_

☐ Contractor ☐ Professional ☐ Broker ☐ Taxi ☐ Mobile Food ☐ Ice Cream Vendor ☐ Massage/HHP

License No. \_\_\_\_\_ Exp Date: \_\_\_\_\_ Classification \_\_\_\_\_

5. FEDERAL I.D./Social Security # (Required). \_\_\_\_\_ RESALE TAX NO. \_\_\_\_\_

6. Fictitious Name Statement Filed: ☐ YES ☐ NO

7. Structure of Business: ☐ Corporation ☐ Sole Proprietorship ☐ Partnership ☐ Trust ☐ Limited Liability

8. Number of Employees Working in Imperial Beach: \_\_\_\_\_

9. Owner Information:

Name: \_\_\_\_\_ Phone No: \_\_\_\_\_

Address: \_\_\_\_\_

10. Emergency Contact: Name \_\_\_\_\_ Phone No: \_\_\_\_\_

I HEREBY DECLARE UNDER THE PENALTY OF PERJURY THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF THE STATEMENTS MADE HEREIN ARE CORRECT AND TRUE.

SIGNATURE \_\_\_\_\_ DATE: \_\_\_\_\_

FINANCE DEPT. Base Fee: \$ \_\_\_\_\_ No. of Emp. \_\_\_\_\_ SB1186 \$4.00 **TOTAL FEE \$** \_\_\_\_\_

LICENSE # \_\_\_\_\_ BUS CONTROL # \_\_\_\_\_



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### **WORKER'S COMPENSATION DECLARATION**

**I hereby affirm, under penalty of perjury, one of the following declarations:**

\_\_\_\_\_ I have and will maintain a certificate of consent to self-insure for worker's compensation, as provided by Section 3700, for the duration of any business activities conducted for which this license is issued.

\_\_\_\_\_ I have and will maintain worker's compensation insurance, as required by Section 3700, for the duration of any business activities conducted for which this license is issued.

My worker's compensation insurance carrier and policy number are:

Carrier: \_\_\_\_\_

Policy Number: \_\_\_\_\_

\_\_\_\_\_ I certify in the performance of any business activities for which this license is issued I shall not employ any person in any manner so as to become subject to the worker's compensation laws of California, and agree if I should become subject to worker's compensation provision of Section 3700 of the Labor Code, I shall forthwith comply with the provisions of Section 3700.

Date: \_\_\_\_\_ Applicant Signature: \_\_\_\_\_

**WARNING:** FAILURE TO SECURE WORKER'S COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO \$100,000.00 IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.

### **SB1186 NOTICE**

As mandated by the State per SB 1186 the City of Imperial Beach is required to collect a new state-imposed \$4.00 fee from all applicants and renewal applicants for a local business license on and after January 1, 2013, and until December 31, 2024. Among other things, funds generated by this fee will be used to promote disability access and related services in the City.

Under federal and state law, compliance with disability access laws is a serious and significant responsibility that applies to all California building owners and tenants with buildings open to the public. You may obtain information about your legal obligations and how to comply with disability access laws at the following agencies: The Division of the State Architect at [www.dgs.ca.gov/dsa/Home.aspx](http://www.dgs.ca.gov/dsa/Home.aspx). The Department of Rehabilitation at [www.rehab.cahwnet.gov](http://www.rehab.cahwnet.gov). The California Commission on Disability Access at [www.ccda.ca.gov](http://www.ccda.ca.gov)

\_\_\_\_\_  
**Applicant Initials**